

**CONSTRUCTION CONTRACTOR
REGISTRATION APPLICATION**
APPLICATION FOR TWO (2) YEAR
REGISTRATION

Construction Contractor
Registration Unit
PO Box 8011
Helena MT 59604-8011
(406) 444-7734

INSTRUCTIONS: Send this completed and signed form along with the \$53 application fee to the address listed above.

- ✳ **Who has to register?** Montana law requires **CONSTRUCTION** contractors with employees, corporations, and manager-managed limited liability companies engaged in the construction industry to register with the Montana Department of Labor and Industry.
- ✳ You must have a Montana workers' compensation policy if you have employees. The policy must be Montana statutory coverage, which means **"Montana" must be stated on Section 3A of your policy.** Contact your insurance agent about your coverage if you have questions. The department may request documentation to verify compliance with the requirements of this application.
- ✳ When applying for your Construction Contractor Registration, the Independent Contractor Exemption Certificate (ICEC) application is required if you have **NOT** self elected coverage under a Montana workers' compensation policy and are a sole proprietor, partner, limited liability partnership, a member of a member-managed limited liability company (LLC), or a manager of a manager-managed LLC. If the ICEC is required you should submit the application with this Contractor Registration application. The ICEC application is a NON-REFUNDABLE fee of \$125.

APPLICANT INFORMATION

Business Name	Registration Number (if first time applying, leave blank)	
Mailing Address	FEIN (Federal Employer Id Number) /SSN	
City, State, Zip Code	Phone ()	Email Address

What is your business structure?

- ✳ Limited Liability Partnerships, Limited Liability Companies, and Corporations must be registered with the Montana Secretary of State's office. You may contact their office at (406) 444-3665 or visit their website at www.sos.mt.gov.
- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ LIMITED LIABILITY PARTNERSHIP (LLP)*
- ☐ MEMBER-MANAGED LIMITED LIABILITY COMPANY (LLC)*
- ☐ MANAGER-MANAGED LIMITED LIABILITY COMPANY (LLC)*
- ☐ CORPORATION*

Are you applying as "Bid Only" status? ☐ Yes ☐ No

- ✳ Out-of-state contractors not currently working in Montana may request a "Bid Only" status. When a job is awarded in Montana you must purchase a Montana worker's compensation policy and notify us to change your status.

Are you in the construction industry? ☐ Yes ☐ No

Are you in the trucking industry? ☐ Yes ☐ No

Do you perform work on commercial, industrial or government jobs? ☐ Yes ☐ No

Do you have employees? ☐ Yes ☐ No

Name of workers' compensation insurance company: _____

Policy number: _____ Effective Date: _____

Do you lease employees from a Professional Employment Organization (PEO)? ☐ Yes ☐ No

Name of PEO: _____

Policy number: _____ Effective Date: _____

Do you get workers from a Temporary Service Contractor (TSC)? ☐ Yes ☐ No

Name of TSC: _____ Phone: _____

Address: _____ City/State/Zip Code: _____

(OVER)

✱ Please list all owners, the percentage owned, indicate whether this person is working in Montana and insured under a Montana workers' compensation policy. Sole proprietors, partners, members and managers of LLCs are required to have the Independent Contractor exemption if they are not insured under a Montana workers' compensation policy. Corporate officers working in Montana who own less than 20% or are not related to an officer owning more than 20% must be insured under a Montana workers' compensation policy. Attach additional sheets if needed to list all owners, officers, or managers as applicable.

Sole Proprietor, Partnerships, Limited Liability Partnerships (LLP), Member-Managed Limited Liability Company (LLC), Manager-Managed Limited Liability Company (LLC) (all partners, members, or managers must be listed)

Applicant Name	Mailing Address	City/State/Zip Code	Social Security Number	Percent Owned	Working Member or Manager in MT? Yes/No	Have you self elected MT Workers' Compensation? Yes/No
1.						
2.						
3.						

Corporations (all officers must be listed, and must match record of ownership with the Montana Secretary of State's office)

Applicant Name	Percent Owned	Working Officer in MT? Yes/No	Have you self elected MT Workers' Compensation? Yes/No	Are you related to an officer who owns 20% or more? Yes/No
1.				
2.				
3.				

Signature of applicant_____

Print Name of applicant_____

✱ Construction Contractor Registration does not supersede requirements of other government agencies or entities.

For information or assistance with this application, please call (406) 444-7734 or visit our website at www.mtcontractor.com.

BEFORE MAILING THIS APPLICATION: HAVE YOU INCLUDED THE FOLLOWING?

- _____ Completed application with signature;
- _____ Application fee \$53 (Make checks payable to Department of Labor & Industry or DLI);
- _____ Montana Workers' Compensation Policy Number and/or
- _____ Independent Contractor Exemption Certificate (ICEC) application (if required).